

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Bangal Gems

BUSINESS STREET ADDRESS: 4300 S.W. 100 Terrace ZIP 33328

BUSINESS MAILING ADDRESS: 4300 S.W. 100 Terrace ZIP 33328

BUSINESS PHONE: 954 370-3061

DESCRIBE TYPE OF BUSINESS: Internet sales cat breeding "petigree"

BUSINESS IS: Corporation ☒ Sole Proprietor ☒ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Lorie Chambliss</u>	<u>4300 S.W. 100 Terr.</u>	<u>Davie 33328</u>	<u>954 370 3061</u>

2. \_\_\_\_\_

Federal ID Number or Social Security Number \_\_\_\_\_

I understand that this is an application for a home occup. business at this location until I have received the license valid until September 30, \_\_\_\_\_, and must be renewed

and I may not conduct any business at this location until I have received the license upon issuance, is

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

Print Owner or Officers Name and Title		Signature of Owner or Officer	
Office Use Only: Date <u>3/11/05</u> Category <u>8400</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/>		Fee <u>121.55</u> Rec# _____ New <input type="checkbox"/> Trans <input type="checkbox"/>	
License # <u>6521451</u>	Control # <u>16979</u>	Zoning <u>A-1</u>	Date <u>3/30/05</u>
Council approval Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Zoning Approval <u>Pat</u>	Date <u>3/30/05</u>	
Town Council Date _____	Approved _____	Denied _____	
Tabled To _____	Approved _____	Denied _____	
<b>OCCUPATIONAL LICENSE DEPARTMENT APPROVAL</b>			

8/00

**OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION**

*Phone  
mail  
See letter  
attached*

50-41-19-01-0171

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